

MAIL TO:

Utah Department of Environmental Quality
Division of Water Quality, ATTN: UIC
P.O. Box 144870
Salt Lake City, Utah 84114-4870

FAX TO: (801) 538 - 6016**EMAIL TO: CCADY@utah.gov**

Utah
Underground
Injection
Control
(UIC)

Inventory Information
for

Well Class: _____

Facility ID No.: **FAC** _____

Risk: Hyd. _____ Chem. _____

Date Entered: _____ By: _____
(For DWQ use only)

Aquifer Remediation-Related Injection Wells

FACILITY LOCATION

Facility Name:					Phone:		
Facility Physical Address:						(City)	
Facility Mailing Address:					(City)	(Zip Code)	
Facility Geographic Location:	T.	R.	Section	1/4 of		1/4	
	Latitude:	Degrees	Minutes	Seconds	UTM Northing (Y):		m or ft
	Longitude:	Degrees	Minutes	Seconds	UTM Easting (X):		m or ft
County:						<input type="checkbox"/> NAD 83 or <input type="checkbox"/> NAD 27	

FACILITY CONTACT

Contact Name:					Phone:		
Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager	<input type="checkbox"/> Contractor / Consultant			
	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____			
Title:			Organization:				
Contact Mailing Address:					(City)	(Zip Code)	

Contact Name:					Phone:		
Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager	<input type="checkbox"/> Contractor / Consultant			
	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____			
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Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager	<input type="checkbox"/> Contractor / Consultant			
	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____			
Title:			Organization:				
Contact Mailing Address:					(City)	(Zip Code)	

LAND OWNERSHIP AT FACILITY

<input type="checkbox"/> Private	<input type="checkbox"/> Public (State or Local)	<input type="checkbox"/> Tribal	<input type="checkbox"/> Federal: _____	<input type="checkbox"/> Other: _____
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LAND USE ZONING AT FACILITY

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Manufacturing / Industrial	<input type="checkbox"/> Professional / Institutional	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Open Space	<input type="checkbox"/> Public Lands	<input type="checkbox"/> Overlay Zones: _____	<input type="checkbox"/> Other: _____	

FACILITY DESCRIPTION

Primary SIC code: _____	or	NAICS code: _____	Secondary SIC/NAICS code: _____
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Description of Business Activity at Facility:

Is the proposed aquifer remediation associated with a(n):

<input type="checkbox"/> RCRA Site? ID Number: _____	<input type="checkbox"/> CERCLA Site? ID Number: _____	<input type="checkbox"/> Voluntary Clean Up? ID Number: _____
<input type="checkbox"/> Independent Clean Up? ID Number: _____	<input type="checkbox"/> LUST? ID Number: _____	<input type="checkbox"/> Other? Describe: _____

Regulatory Agency Providing Oversight of this Remediation:

Project Manager in Oversight Agency:

Phone

AQUIFER REMEDIATION ACTIVITY INVOLVING INJECTION WELLS

<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Tracer Test	<input type="checkbox"/> In-Situ Bioremediation	<input type="checkbox"/> In-Situ Chemical Oxidation	<input type="checkbox"/> Air Sparging
<input type="checkbox"/> Bioventing / Biosparging	<input type="checkbox"/> In Well Air Stripping	<input type="checkbox"/> In-Situ Flushing	<input type="checkbox"/> Remediation Waste Disposal	
<input type="checkbox"/> Other: _____				

INJECTION WELL OPERATING STATUS (indicate number of wells in appropriate category)

Proposed	Under Construction / Modification	Active	Temporarily Abandoned	Permanently Abandoned
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INJECTION WELL CONSTRUCTION AND SUBSURFACE DETAILS

Narrative Description of System Construction and Subsurface Details (see Instructions):

Depth to Ground Water:

Ground Water Class:

INJECTATE CHARACTERIZATION

Narrative Description of Injectate (see Instructions):

Annual Injectate Volume (gallons):

COMMENTS**SIGNATURE**

Name & Title (print or type)

Phone Number

Signature

Date Signed